



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

One South Station • Boston, MA 02110 - 2208  
(617) 521-7794 • FAX (617) 521-7773  
TTY/TDD (617) 521-7490  
<http://www.state.ma.us/doi>

MITT ROMNEY  
GOVERNOR

BETH LINDSTROM  
DIRECTOR, CONSUMER AFFAIRS  
AND BUSINESS REGULATION

KERRY HEALEY  
LIEUTENANT GOVERNOR

JULIANNE M. BOWLER  
COMMISSIONER OF INSURANCE

**INSURED PREFERRED PROVIDER PLANS  
IN MASSACHUSETTS**

(SUBJECT TO M.G.L. CHAPTER 176I AND 211 CMR 51.00)

**CARRIER NAME AND ADDRESS**

**PLAN FIRST  
MARKETED**

**1. Aetna Life Insurance Company**

151 Farmington Avenue, MB58  
Hartford, CT 06156

Attn: Mr. Stephen Halloran  
Compliance Manager  
(860) 636-9875

Product Name:	Form #:
Open Choice	GR-9 (Open)
Managed Choice <sup>1</sup>	GR-9 (Managed)
Blanket Student Insurance Policy	GR-96134
Advantage Plus	MA-DMO
Dental PPO	MA-Dental PPO
Pharmacy Preferred Provider	GR-9
Plan - Massachusetts	

Product Type:	
Medical	10/88
Medical	01/91
Medical	11/01
Dental	12/00
Dental	12/00
Prescription Drug	11/02

**2. Altus Dental Insurance Company, Inc.**

10 Charles Street  
Providence, R.I. 02901-1557

Attn: Group Sales  
(800) 564-0053

Product Name:	Form #:
Altus Dental Preferred	AD 1-02 <sup>2</sup>
Altus Dental Preferred	AD 3A-01
(AAA Massachusetts Resident Member Dental Plan)	
Altus Dental Preferred	AD 3B-01
(AAA Massachusetts Resident Member Dental Plan)	

Product Type:	
Dental	09/01/01
Dental	12/09/02
Dental	12/09/02

**3. Ameritas Life Insurance Corporation**

5900 "O" Street  
Lincoln, NE 68510

Attn: Ms. Nancy Vanicek  
Contract Analyst  
(800) 745-6665 x7899

Product Name:	Form #:
Ameritas Managed Plan	GR9021 et al.

Product Type:	
Dental	06/95

<sup>1</sup> Plan discontinued for new business.

<sup>2</sup> Form replaces previously approved Form # 1-05 (8/31/01).

**PREFERRED PROVIDER PLANS****CARRIER NAME AND ADDRESS****PLAN FIRST  
MARKETED****4. Blue Cross and Blue Shield of Massachusetts, Inc.**

(d/b/a Blue Cross Blue Shield Massachusetts)  
100 Summer Street, 15th Floor  
Boston, MA 02110-2190

Attn: New Business Sales Group  
(800) 262-BLUE [800 262-2583]

Product Name:	Form #:	Product Type:	
Blue Care Elect <sup>3</sup>	BLUE CARE ELECT (6-1-01 Rev)	Medical	1988
Preferred 100 Option			
Preferred 90 Option			
Preferred 80 Option			
Dental Blue PPO1	DENT PPO1	Dental	01/94
Dental Blue PPO2	DENT PPO2	Dental	01/94

**5. Boston Mutual Life Insurance Company**

120 Royall Street  
Canton, MA 02021

Attn: Janet Hogeland  
American Management Advisers  
(888) 533-7654

Product Name:	Form #:	Product Type:	
Student Accident and Sickness Insurance	BM-MASS-B (9/03)	Medical	02/04

**6. The Chesapeake Life Insurance Company**

25 King Street  
Putnam, CT 06260

Attn: Victor Lugo  
(860) 974-1891

Product Name:	Form #:	Product Type:	
Vision Insurance Certificate	CH-25213-MA-7/01	Vision	11/01
Hospital/Surgical Medical Expense Plan with Preferred Provider Benefits	CH-25528-MA	Medical	11/01

**7. CIGNA HealthCare of Massachusetts, Inc.<sup>4</sup>**

(d/b/a Healthsource Massachusetts)  
100 Front Street, Suite 300  
Worcester, MA 01608-1449

Attn: Sales and Marketing  
(508) 849-4218

Product Name:	Form #:	Product Type:	
Healthsource CMHC Plus	Plus	Medical	09/90
Healthsource CMHC Plus II	Plus II	Medical	01/95

**8. Columbian Life Insurance Company**

Administrative Office  
Vestal Parkway East  
Binghamton, NY 13902-1381

Attn: Mr. Ray McCarthy, VP, Marketing  
(800) 423-9765 x6331

Product Name:	Form #:	Product Type:	
Premier Vision	9F121M-CL(Rev.4/99)	Vision	09/00

<sup>3</sup> Form approved on September 28, 2000 and consolidates the following previously approved forms:  
Blue Care Elect PPO 1 (7-1-98); PPO 90 (7-1-98); PPO 80 (7-1-98) and PPO Pref (7-1-98).

<sup>4</sup> As of January 1, 1999 Healthsource of Massachusetts Inc. changed its name to CIGNA HealthCare of Massachusetts, Inc.

**PREFERRED PROVIDER PLANS****CARRIER NAME AND ADDRESS****PLAN FIRST  
MARKETED****9. Combined Insurance Company of America**

112 Madison Avenue, 4<sup>th</sup> Floor  
New York, New York 10016

Attn: Combined Select Programs  
(212) 441-1814

Product Name: Form #:  
Student Injury & Sickness Plan 94-MA  
Preferred Provider Organization  
Certificate of Group Insurance VN C63007 0801-MA

Product Type:  
Medical 01/02  
Vision 05/02

**10. ConnectiCare of Massachusetts, Inc.**

30 Batterson Park Road  
Farmington, Connecticut 06032

Attn: Mr. Thomas J. LaRussa  
Sales and Marketing Sr. Acct. Executive  
(860) 409-6479 or (413) 525-6175

Product Name: Form #:  
Point of Service Open Access Plan CMI/POS 01 (7/2001)  
Point of Service Personal Care Plan CMI/POSPCP 01 (7/2001)

Product Type:  
Medical 09/00  
Medical 09/00

**11. Connecticut General Life Insurance Company**

900 Cottage Grove Road  
Hartford, CT 06152

Attn: Ms. Sandra Wolf  
Compliance Consultant  
(860) 726-5088

Product Name: Form #:  
Flexcare II GM6000 FLX138  
PPO GM6000 SC19 et al.  
Substance Abuse/ GM6000 C2(SAMH)  
Mental Health PPO  
CIGNA Dental PPO GM6000 C2 (Dental)

Product Type:  
Medical 06/90  
Medical 06/91  
Substance Abuse/ 08/92  
Mental Health only  
Dental 12/96

**12. Corporate Health Insurance Company**

151 Farmington Avenue, MB58  
Hartford, CT 06156

Attn: Mr. Stephen Halloran  
Compliance Manager  
(860) 636-9875

Product Name: Form #:  
US Access CHI/MA INSCT-2-A (7/01)

Product Type:  
Medical 05/02

**13. Dental Service of Massachusetts, Inc.**

(d/b/a Delta Dental Plan of Massachusetts)  
465 Medford Street  
Boston, MA 02129-1454

Attn: Mr. Scott O'Gorman  
Vice President  
(617) 886-1000

Product Name: Form #:  
Delta Preferred DDP-PPA1  
Delta Care DDP-PPA2

Product Type:  
Dental 01/92  
Dental 02/95

**PREFERRED PROVIDER PLANS**

**CARRIER NAME AND ADDRESS**

**PLAN FIRST  
MARKETED**

**14. Fallon Health & Life Assurance Company**

10 Chestnut Street  
Worcester, MA 01608-2810

Attn: Sales and Marketing  
(508) 799-2100 x69434  
(800) 333-2535 x69434

Product Name:  
Fallon Preferred Care

Form #:  
A3749

Product Type  
Medical

07/03

**15. Fidelity Security Life Insurance Company**

P.O. Box 418131  
3130 Broadway  
Kansas City, MO 64111

Attn: Ms. Melinda Everley  
(800) 648-8624 x527

Product Name:  
EyeMed Vision Plan  
OptoCare Vision Plan

Form #:  
M-9004  
M-9004

Product Type:  
Vision  
Vision

12/02

12/03

**16. Fortis Benefits Insurance Company**

P.O. Box 3050  
Milwaukee, WI 53201-3050

Attn: Ms. Tina Beauchene, Analyst  
(414) 299-6914 (medical inquires)

2323 Grand Boulevard  
Kansas City, MO 64108

Attn: Michael R. Miller  
Officer Managed Dental Care  
(816) 474-2763 (dental inquires)

Product Name:  
PPO w/ HCVM  
PPO w/ PHCS  
Dental PPO w/DHA

Form #:  
C61.100.SIG.ZZ  
C61.100.SIG.ZZ  
DENTAL 94 et al.

Product Type:  
Medical  
Medical  
Dental

06/00

06/00

10/98

**17. Fortis Insurance Company <sup>5</sup>**

501 West Michigan, P.O. Box 3050  
Milwaukee, WI 53201-3050

Attn: Mr. Chris Knorr  
Contract Analyst  
(414) 299-8088

Product Name:  
Group Portfolio  
24 Karat

Form #:  
20735  
192-MA

Product Type:  
Small Group Medical  
Individual Medical

10/92

01/93

**18. GE Group Life Assurance Company <sup>6</sup>**

175 Federal Street, Suite 1210  
Boston, MA 02110

Attn: Mr. Michael Moroney  
Group Sales Representative  
(617) 482-3200

Product Name:  
Phoenix Preferred Option  
Phoenix Preferred Dental

Form #:  
GC-C-1.1 et al  
GC-A-1 et al.

Product Type:  
Medical  
Dental

09/88

08/90

<sup>5</sup> Formerly known as Time Insurance Company.

<sup>6</sup> Effective January 2, 2001 Phoenix American Life Insurance Company changed its name to GE Group Life Assurance Company.

**PREFERRED PROVIDER PLANS****CARRIER NAME AND ADDRESS****PLAN FIRST  
MARKETED****19. Gerber Life Insurance Company**

66 Church Street  
White Plains, NY 10601

Attn: Sales and Marketing Department  
(800) 224-2522 (Eastern MA)  
(800) 423-4586 (Western MA)

Product Name:	Form #:	Product Type:	
Pioneer Group Trust - Pioneer	PMM-921/PMMC-921 <sup>7</sup>	Medical	01/92
Pioneer Group Trust - HCVM	PMM-921/PMMC-921 <sup>7</sup>	Medical	04/93
The Colonial Plan	HMM-2000C (MA-SEG) <sup>7,8</sup>	Medical	11/96

**20. Great-West Life & Annuity Insurance Company <sup>9</sup>**

8505 East Orchard Road, P. O. Box 1080  
Englewood, CO 80111

Attn: Ms. Jennifer Adamich  
Legislative Analyst  
(303) 689-5432

Product Name:	Form #:	Product Type:	
Great West PPO	GH-199	Medical	11/01

**21. Guarantee Trust Life Insurance Company**

c/o Consolidated Health Plans  
195 Stafford Street  
Springfield, Massachusetts 01104-3503

Ms. Deborah K. Saremi  
(800) MED-STOP x127

Product Name:	Form #:	Product Type:	
Blanket Student Policy	GP-1101 LC	Medical	06/02

**22. (The) Guardian Life Insurance Company of America**

7 Hanover Square  
New York, New York 10004

Attn: Group Sales  
(617) 482-2693

Product Name:	Form #:	Product Type:	
Guardian Medical PPO	GP-1R3-1.0 et al.	Medical	11/91
DentalGuard Preferred	CGP-3-DNTL-90-1 et al.	Dental	10/94
VisionGuard	CGP-3-VSN-96-VIS et al.	Vision	09/00

**23. Harvard Pilgrim Health Care, Inc.**

(d/b/a Harvard Community Health Plan)  
93 Worcester Street  
Wellesley, MA 02481

Attn: Sales Department  
(781) 251-1500 or (800) 848-9995

Product Name:	Form #:	Product Type:	
Premium PPO 10	MAPPO0701 <sup>10</sup>	Medical	06/98
Value PPO 15 \$250 admission			

<sup>7</sup> Plan discontinued for new business.

<sup>8</sup> Form approved on July 27, 2000 and replaces originally approved form #HMM-96C(MA).

<sup>9</sup> Great-West Life and Annuity Insurance Company notified the Division on January 9, 2003 that Form# GH-193 no longer insured Massachusetts lives as of January 1, 2003 and requested that the plan be withdrawn from the list of approved insured preferred provider plans in Massachusetts.

<sup>10</sup> Previously approved plan known as Harvard Pilgrim PPO (Form# MAGPPO1; MAGPPOSB and MAPPO3T2).

**PREFERRED PROVIDER PLANS****PLAN FIRST  
MARKETED****CARRIER NAME AND ADDRESS****24. Health New England, Inc.**

One Monarch Place  
Springfield, MA 01144-1006

Attn: Paula Burke  
(413) 787-4000 x3379

Product Name:	Form #:	Product Type:	
HNE ADVANTAGE I	ADVANTAGE 1 (POS-2002)	Medical	03/92
HNE ADVANTAGE II	ADVANTAGE 2 (POS 2002)	Medical	03/95

**25. HPHC Insurance Company, Inc.**

93 Worcester Street  
Wellesley, MA 02481-9181

Attn: Sales Department  
(800) 848-9995

Product Name:	Form #:	Product Type:	
The PPO Plan – Massachusetts	MAG1PPOHBREV; MAG1PPOREVSQB; PPOad0701	Medical	12/02

**26. John Alden Life Insurance Company**

North Star Marketing Corporation  
1900 West Park Drive, Suite 105  
Westborough, MA 01581

Attn: Mr. John Scanlon  
(800) 234-6762

Product Name:	Form #:	Product Type:	
Spectrum PPO - PHCS	J-3000-CC(MA)(PPO) 6/93	Medical	10/93
Spectrum PPO - Preferred Plus	J-3000-CC(MA)(PPO) 6/93	Medical <sup>11</sup>	10/93
Spectrum PPO - Pioneer	J-3000-CC(MA)(PPO) 6/93	Medical	07/98
JAHP PPO/PPO+	J-3050-CC	Medical <sup>12</sup>	09/98
JAHP PHN	J-3050-CC	Medical <sup>12</sup>	09/98
JAHP Gatekeeper/Gatekeeper+	J-3050-CC	Medical <sup>12</sup>	09/98

**27. Legion Insurance Company**

c/o The Pioneer Health Group, Inc.  
330 Whitney Avenue, P.O. Box 6600  
Holyoke, MA 01041

Attn: Sales Department  
(413) 539-9900

Product Name:	Form #:	Product Type:	
Legion Options 1, 2 & 3	A1-51477 PP(11/99)	Medical	02/00

**28. Markel Insurance Company**

4600 Cox Road  
Glen Allen, Virginia

Attn: Sales Department  
(804) 527-2700

Product Name:	Form #:	Product Type:	
Student Blanket & Sickness Policy – Certificate of Insurance	MAHMA500 (1/02)	Medical	08/02

<sup>11</sup> Preferred Plus provider network no longer marketed.

<sup>12</sup> John Alden Health Plans ("JAHP") are available utilizing either Private Healthcare Systems or Pioneer Management Systems, Inc. provider network based on the filed approved service areas.

**PREFERRED PROVIDER PLANS****CARRIER NAME AND ADDRESS****PLAN FIRST  
MARKETED****29. Massachusetts Vision Service Plan, Inc.**

Vision Service Plan  
8 Fanueil Hall Marketplace, Suite 300  
Boston, MA 02109 617-973-5044

Attn: Group Sales  
(617)-973-5044

Product Name: Form #:  
Group Vision Care Plan REG EOC-7/00

Product Type:  
Vision 08/00

**30. (The) MEGA Life and Health Insurance Company**

4001 McEwen, Suite 200  
Dallas, TX 75244

Attn: Mr. William J. O'Connor  
Vice President, Government Relations  
(972) 851-9006

Product Name: Form #:  
Vision One Plus Program 25213-P  
Vision One 25215-P  
Student Injury & Sickness Plan 94-MA  
Preferred Provider Organization  
Network Plan PPO 2 895 CERT-MA-7/01  
Prescription Drug Expense Plan 25604-MA-7/01  
Small Employer Group Legend 25891-C-MA  
Prescription Drug Expense Certificate

Product Type:  
Vision 12/92  
Vision 12/92  
Medical 08/97  
Medical 11/01  
Prescription Drug 11/01  
Prescription Drug 11/01

**31. Metropolitan Life Insurance Company**

501 U.S. Highway 22 West, Area 3W  
Bridgewater, NJ 08807

Attn: Ms. Nina Edwards  
Contract Analyst  
(908) 253-2381

Product Name: Form #:  
MetLife Preferred Dentist Program  
Classic G.23000-13EMA1  
Value G.23000-13EMA2

Product Type:  
Dental 06/98  
Dental 06/98

**32. Mid-West National Life Insurance Company of Tennessee**

9151 Grapevine Highway  
North Richland Hills, TX 76180

Attn: Victor Lugo  
(860) 928-3368

Product Name: Form #:  
Hospital Surgical Plan MWSG528-4-MA  
w/Preferred Provider Benefits  
Vision Insurance Certificate MW-25213

Product Type:  
Medical 09/98  
Vision 11/01

**33. Mutual of Omaha Insurance Company**

Mutual of Omaha Plaza  
Omaha, NE 68175

Attn: Ms. Judy Schnabel  
Policy Analyst  
(402) 351-5963

Product Name: Form #:  
Mutually Preferred 7000CI-M-EZ(Medical)  
Mutually Preferred Dental 7000CI-M-EZ(Dental)

Product Type:  
Medical 01/92  
Dental 12/96

**PREFERRED PROVIDER PLANS**

**CARRIER NAME AND ADDRESS**

**PLAN FIRST  
MARKETED**

**34. Nationwide Life Insurance Company**

c/o Consolidated Health Plans  
195 Stafford Street  
Springfield, Massachusetts 01104-3503

Ms. Deborah K. Saremi  
(800) MED-STOP x127

Product Name:	Form #:
Student Accident and Sickness Insurance Program	NW PHCS 101 5/19/03
Student Accident and Sickness Insurance Program	NW CERT 101

Product Type:	
Medical	05/03
Medical	06/03

**35. New England Life Insurance Company<sup>13</sup>**

c/o Health Plan Services (1-50 employees)  
3501 Frontage Road  
Tampa, FL 33607  
or  
8505 East Orchard Road (51 or more employees)  
Englewood, CO 80111

Attn: Customer Services  
(800) 654-1731

Attn: David Condon  
Assistant VP of Employee Benefits  
(303) 689-5541

Product Name:	Form #:
Small Group PPO - Pioneer	CERT 500-50.2
Small Group PPO - PHCS	CERT 500-50.2
New England PPO	TNE-GH199

Product Type:	
Medical	07/92
Medical	07/92
Medical	11/01

**36. Principal Life Insurance Company**

Principal Financial Group  
420 Bedford Street  
Lexington, MA 02173-1506

Attn: Mr. Glenn Jensen  
(781) 862-5999

Product Name:	Form #:
Dental PPO (Classic & Premier)	GC 700 (PPO)-1 GH 100 A (DPPO) et al.
Group Voluntary Dental Expense Insurance PPO Plan	GC 2000 (PPO) – 1 et al..

Product Type:	
Dental	08/98
Dental	12/01

**37. Reliance Standard Life Insurance Company**

2501 Parkway  
Philadelphia, PA 19130-2499

Attn: Ms. Nancy Vanicek  
Contract Analyst  
(800) 745-6665 x7899

Product Name:	Form #:
Ameritas Managed Dental Plan	REL9021 ed. 1-92

Product Type:	
Dental	06/95

<sup>13</sup> New England Life Insurance Company notified the Division on January 9, 2003 that Form# TNE GH-196 no longer insured Massachusetts lives as of January 1, 2002 and requested that the plan be withdrawn from the list of approved insured preferred provider plans in Massachusetts.



**PREFERRED PROVIDER PLANS**

**CARRIER NAME AND ADDRESS**

**PLAN FIRST  
MARKETED**

**38. ReliaStar Life Insurance Company**

20 Washington Avenue South  
Minneapolis, MN 55401

Attn: Ms. Paula Cludray-Engelke  
Assistant Secretary  
(612) 342-3831

Product Name:	Form #:
Superior Vision Plan	VCC500MA
Group Dental Preferred	DOOMAP
Provider Plan Certificate	

Product Type:	
Vision	03/96
Dental	12/02

**39. Standard Insurance Company**

900 SW Fifth Avenue  
Portland, Oregon 97204-1235

Attn: Ms. Nancy Vanicek  
Contract Analyst  
(800) 745-6665 x7899

Product Name:	Form #:
Group Dental & Eye Care	SI 9021 Ed. 01-02 et al.

Product Type:	
Dental	08/03

**40. Trustmark Insurance Company**

400 Field Drive  
Lake Forest, IL 60045

Attn: Todd Cowan  
(800) 237-7767

Product Name:	Form #:
ACEC Comprehensive	AXX/C
Medical Plan	

Product Type:	
Medical	11/01

**41. Tufts Associated Health Maintenance Organization, Inc.**

(d/b/a Tufts Health Plan)  
333 Wyman Street  
P.O. Box 9089  
Waltham, MA 02254-9089

Attn: Customer Relations  
(800) 843-1008

Product Name:	Form #:
Point of Service Option	CC-MAPOS-001 Ed. 1-2003
Preferred Provider Option	MA-PPO-001 Ed. 1-2003

Product Type:	
Medical	12/86
Medical	01/97

**42. Tufts Insurance Company**

333 Wyman Street  
P.O. Box 9089  
Waltham, MA 02254-9089

Attn: Customer Relations  
(800) 843-1008

Product Name:	Form #:	Product Type:
Advantage PPO	MA-TICOPPO-001 Ed.1-2004 <sup>14</sup>	Medical

01/03

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<sup>14</sup> Form approved on October 8, 2003 and replaces originally approved form # MA-TICOPPO-001 Ed.4-2003.

**PREFERRED PROVIDER PLANS****CARRIER NAME AND ADDRESS****PLAN FIRST  
MARKETED****43. UniCARE Life and Health Insurance Company**

Two Constitution Plaza  
Second Floor  
Charlestown, MA 02129-2093

Attn: Cynthia L Paralta  
Dir, Group Sales  
(617) 580-2268

Product Name: Preferred Plus—Classic Network  
Wellpoint Dental PPO  
Form #: GCR100 et al.  
GPR 130, 31119-3127

Product Type: Medical 01/97  
Dental 01/97

**44. United HealthCare Insurance Company<sup>15</sup>**

1 Research Drive  
Westborough, MA 01581-5083  
or  
475 Kilvert Street  
Warwick, RI 02886-1392

Attn: Dennis Markell  
(800) 410-3385

Attn: Joan Greenwell  
(800) 447-1245

Product Name: EverCare<sup>16</sup>  
Preferred Provider  
Organization Plan (PPO)  
Gatekeeper PPO  
Direct Access<sup>17</sup>  
Substance Abuse/  
Mental Health PPO  
Dental Certificate of Coverage  
Form #: EC-MA.101 Rev. 1/99  
C-PP1  
C-PS1  
CPCEMA497  
C-CEI et al.  
DCE

Product Type: Medicare Replacement 09/95  
Medical 05/96  
Medical 07/96  
Medical 09/97  
Substance Abuse/  
Mental Health only 04/00  
Dental 07/00

**45. United of Omaha Life Insurance Company**

Mutual of Omaha Plaza  
Omaha, NE 68175

Attn: Ms. Judy Schnabel  
Policy Analyst  
(402) 351-5963

Product Name: Mutually Preferred  
Mutually Preferred Dental  
Form #: 7000CI-U-EZ (Medical)  
7000CI-U-EZ et al. (Dental)

Product Type: Medical 01/92  
Dental 12/96

<sup>15</sup> Represents merger of what formerly was United Health and Life Insurance Company and The MetraHealth Insurance Company (MetraHealth included health insurance products formerly issued by Travelers Insurance Company, Travelers Indemnity Company and Metropolitan Life Insurance Company).

<sup>16</sup> Product only available through a Medicare pilot program for residents of certain Massachusetts nursing homes.

<sup>17</sup> Plan discontinued for new business.